PART B—FEE(S) TRANSMITTAL Complete and mail this form, together with applicable fee(s)s, to: Mail Box ISSUE FEE Commissioner for Patents AUG 2 0 2004 Alexandria, VA 22313-1450 (703) 746-4000 Fax INSTRUCTIONS: The form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below and irected otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. CURRENITY OF RESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) Note: The certificate of mailing below can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any 7590 05/19/2004 other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. **ERIC B. MEYERTONS** Certificate of Mailing MEYERTONS, HOOD, KIVLIN, KOWERT & GOETZEL, P.C. I hereby certify that this Fee(s) Transmittal is being deposited with the P O BOX 398 United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or **AUSTIN TX 78767-0398** being facsimile transmitted to the USPTO, on the date indicated below. B. Gail Ballard (Depositor's name) (Signature) (Date) APPLICATION NO. FILING DATE FIRST NAMES INVENTOR CONFIRMATION NO. 09/990,777 11/21/2001 M. Kevin Sorrels 5588-00101/EBM

1822 TITLE OF INVENTION: PROTECTIVE GUARDS FOR FINGER AND THUMBS SMALL ENTITY APPLN. TYPE ISSUE FEE **PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE \$300 08/19/2004 nonprovisional Yes \$665 \$965 **EXAMINER** ART UNIT CLASS-SUBCLASS 3765 002-210000 PATEL, TAJASH D. 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list 1 MEYERTONS, HOOD, KIVLIN, (1) the names of up to 3 registered patent ☐ Change of correspondence address (or Change of Correspondence Address attorneys or agents OR, alternatively, (2) the **KOWERT & GOETZEL, P.C.** form PTO/SB/122) attached. name of a single firm (having as a member a registered attorney or agent) and the names of "Fee Address" indication (or "Fee Address" Indication form PTO/SM/47) up to 2 registered patent attorneys or agents. 2 <u>Eric B. Meyertons</u> If no name is listed, no name will be printed. attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE: (B) RESIDENCE (CITY & STATE OR COUNTRY): Please check the appropriate assignee category indicated below (will not be printed on the patent): 🔲 individual 👚 corporation or other private group entity 🗀 government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):: ■ Issue Fee A fee authorization in the amount of the fee(s) is enclosed. □ Publication Fee ☐ Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 5 The Commissioner if hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1505/5588-00101/EBM\* (enclose an extra copy of this form). The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above (Authorized Signature) (Date) Eric B. Meyertons 08/23/2004 DEMMANU2 00000119 501505 09990777 Reg. No. 34,876 NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than 01 FC:2501 665.00 DA the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the 300.00 DA 02 FC:1504 records of the United States Patent and Trademark Office. 15.00 DA 03 FC:8001 This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CRR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount to time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

#### TRANSMIT THIS FORM WITH FEE(S)

information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of





#### TED STATES PATENT AND TRADEMARK OFFICE

§

§

§

§

§

§ § §

Application No.:

09/990,777

Confirmation No.: Filed: November 21, 2001

1822

Inventor(s):

M. Kevin Sorrels

Title:

PROTECTIVE GUARDS

FOR FINGER AND

**THUMBS** 

Examiner:

Patel, Tajash D.

Art Unit:

3765

Atty. Dkt. No:

5588-00101

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8

DATE OF DEPOSIT:

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail on the date indicated above and is addressed to:

Commissioner for Patents

łexandria, VA 22313

### PAYMENT OF ISSUE FEE

## MS ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313

Sir:

Please find enclosed:

- Issue Fee Transmittal Form PTOL-85 (1 page); 1)
- 2) A fee authorization in the amount of \$980.00; and
- A return postcard evidencing receipt of these materials. 3)

If any fees are inadvertently omitted or if any additional fees are required or have been overpaid, please appropriately charge or credit those fees to Meyertons, Hood, Kivlin, Kowert & Goetzel, P.C. Deposit Account Number 50-1505/5588-00101/EBM.

M. Kevin Sorrels 09/990,777

Respectfully submitted,

Eric B. Meyertons Reg. No. 34,876

Attorney for Applicant

MEYERTONS, HOOD, KIVLIN, KOWERT & GOETZEL, P.C. P.O. BOX 398

AUSTIN, TX 78767-0398 (512) 853-8800 (voice)

(512) 853-8801 (facsimile)

Date:

#### **PATENT**

### THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.:

09/990,777

Confirmation No.:

1822

Filed:

November 21, 2001

Inventor(s): M. Kevin Sorrels

Title: PROTECTIVE GUARDS

FOR FINGER AND

**THUMBS** 

Examiner:

Patel, Tajash D.

Art Unit:

3765

Atty. Dkt. No:

5588-00101

**CERTIFICATE OF MAILING** UNDER 37 C.F.R. §1.8

DATE OF DEPOSIT:

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail on the date indicated above and is addressed to:

Commissioner for Patents

Alexandria, VA 22313-1450

B. Gail Ballard

# **FEE AUTHORIZATION**

§

§

§

§ §

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

The Commissioner is hereby authorized to charge the following fees to Meyertons, Hood, Kivlin, Kowert & Goetzel, P.C. Deposit Account Number 50-1505/5588-00101:

\$665.00 - Issue Fee;

\$300.00 – Publication Fee; and

\$ 15.00 - Five copies

Total Amount: <u>\$980.00</u>

Attorney Docket No.: 5588-00101

The Commissioner is also authorized to charge any extension fee or other fees which may be necessary to the same account number.

Respectfully submitted,

Erid B. Meyertons Reg. No. 34,876

Attorney for Applicant

MEYERTONS, HOOD, KIVLIN, KOWERT & GOETZEL, P.C.

P.O. BOX 398

AUSTIN, TX 78767-0398

(512) 853-8800 (voice)

(512) 853-8801 (facsimile)

Date: